

# COVER SHEET

## Nutrition Review

*Month & Year:* \_\_\_\_\_

Please check the menu planning system you use:

- ' Traditional Food Based                      ' Enhanced Food Based  
' NuMenus  
' Assisted NuMenus                      ' Alternate Menu Planning

Approaches

*School Name:*

*Agreement Number:*

*Mailing Address:*

*City & Zip Code:*

*Contact Person & Title:*

*Phone Number:*

*Fax Number:*

*E-Mail Address:*

*Please circle the best method for contact:*

*PHONE*

*E-MAIL*

*FAX*

*Dates of Nutrition Review Week:*

*Breakfast:      Yes '      No '*

*School Name:*

*Grades:      K-6 '      7-12 '      Other:*

I certify that I have included all of the information required. I can be contacted at the phone number listed above for questions regarding the enclosed materials.

\_\_\_\_\_  
**Signature of Contact Person**

\_\_\_\_\_  
**Date**

*Shaded portions for Food Creations or MDE only.*

*I have reviewed the enclosed materials for completeness.*      **Name:**

**Phone Number:**

**Date:**

